POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*LW*	6890	4/1/00
O.I.P.E. CLASSIFIER			4/5
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
		10614	6-9-00

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
−	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

BEST AVAILABLE COPY

Claim Final	Original	Date 8/14/00	3/25/01	10/10/01	6/17/02	11/12/02	7/20/03	1/14/03			Claim Final	Original	Date							Claim Final	Original	Date					
	1											51									101						
	2											52									102						
	3											53									103						
	4											54									104						
	5											55									105						
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	12											62									112						
	13											63									113						
	14											64									114						
	15	✔	✔	✔	✔	✔						65									115						
	16	✔										66									116						
	17	✔										67									117						
	18	✔										68									118						
	19											69									119						
	20		✔									70									120						
	21											71									121						
	22			✔	✔							72									122						
	23											73									123						
	24											74									124						
	25				✔	✔	✔					75									125						
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	49											99									149						
	50											100									150						

If more than 150 claims or 10 actions
staple additional sheet here

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